

STANDARD CERTIFICATE OF DEATH

57 021560
STATE FILE NUMBER

FILED JUL 2 - 1957

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

305

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin</u>		c. CITY OR TOWN <u>Joplin</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St John's</u>		d. STREET ADDRESS (If outside, give location) <u>620 Porter Ave</u>	
3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>ANDREW</u> Last <u>Schnur</u>		4. DATE OF DEATH Month <u>6</u> Day <u>13</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-1-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		11. BIRTHPLACE (City and state or country) <u>Joplin, Mo.</u>	
13a. FATHER'S NAME <u>Peter Schnur</u>		14. NAME OF HUSBAND OR WIFE <u>IDA Schnur</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>445-36-3026</u>	
17. INFORMANT <u>IDA Schnur</u>		Address <u>620 Porter Joplin Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease - 3 years</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>3 years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>MAY 4, 1957</u> to <u>JUNE 13, 1957</u> and last saw him alive on <u>JUNE 13, 1957</u> Death occurred at <u>5:00 P</u> m on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE <u>John E. Merriam</u> (Degree or title)		22b. ADDRESS <u>905 Finney Bldg. Joplin, Mo.</u>	
22c. DATE SIGNED <u>6-17-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>6-15-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem</u>	
23d. LOCATION (City, town, or county) <u>Webb City, Missouri</u>		23e. STATE <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Thornhill-Dillon Mort.</u>		25. DATE RECD. BY LOCAL REG. <u>6-26-57</u>	
26. REGISTRAR'S SIGNATURE <u>Worce Merriam</u>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3890
P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.